

Case Number:	CM14-0014516		
Date Assigned:	02/28/2014	Date of Injury:	11/15/2012
Decision Date:	06/27/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/05/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 23-year-old male with date of injury 11/15/2012. Per treating physician's report 01/06/2014, patient presents with low back pain, occasional ankle and knee pain with prolonged standing, swelling of the right lower leg. Listed diagnoses are: 1. Fractured tibia with pain in the limb. 2. Joint pain, ankle. 3. Joint stiffness, ankle. 4. Osteoarthritis, leg. 5. Chondromalacia patella. Request was for physical therapy of the right ankle to increase flexibility, range of motion, and strength; therapeutic exercise; and work conditioning 3 times a week for 4 weeks. Request was for referral to pain management secondary to continued pain and nerve injury to right ankle. A 06/10/2013 report is an MRI of the right knee that showed thickening with chronic patellar tendinosis, multiple surgical clips, distal patellar tendon, proximal tibia, associated scar. A report dated 04/10/2013 by another treating physician lists, internal derangement of right knee, sprain/strain of right knee, recommends MRI of the right knee, right ankle, low back pain region for further assessment. Patient presented with flareup of symptoms in the right knee and right ankle region pain exacerbated while walking, standing, stair climbing activities, etc. The request for physical therapy and pain management referral was denied by utilization review letter dated 01/15/2014. This report indicates that the patient has had 36 sessions of physical therapy, thus far. Pain management referral was not authorized as "there is no injection that will resolve this condition." The utilization review also did not believe that use of medication long term was contraindicated.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

PHYSICAL THERAPY/WORK CONDITIONING 3 X4 RIGHT ANKLE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines MTUS p 125-126 Recommended as an option, depending on.

Decision rationale: For work conditioning, MTUS Guidelines, page 125 require documentation of a specific job return with job demands that exceed abilities, documented on-the-job training, and worker must be able to benefit from the program, and testing to determine likelihood of success in the program. In this case, none of this information is provided. It would appear that the treating physician just wants the patient to have additional physical therapy with a remote possibility of having the patient return to work. Utilization review letter dated 01/15/2014 indicates that the patient had some 36 sessions of physical therapy, and given the patient's history of knee surgery, this number may be correct. The treating physician has asked for additional physical therapy 3 times a week for 4 weeks to include work conditioning, but it would appear that the patient has had adequate therapy. Without proper evaluation regarding work conditioning or work hardening, MTUS Guidelines do not support this request. Recommendation is for denial as the request for Physical Therapy/Work Conditioning, 3 X4, to the Right Ankle is not medically necessary and appropriate.

PAIN MANAGEMENT REFERRAL: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), page 127

Decision rationale: ACOEM Guidelines page 127 certainly support specialty referrals by an occupational medicine physician for issues that are complex. In this case, the orthopedic physician has asked for pain management referral not only to address the ankle/foot pain, but also to address overall pain with medication management. Orthopedists generally do not handle chronic pain management, and referral to a chronic pain management specialist appears medically reasonable and consistent with ACOEM Guidelines. The patient is currently not taking a lot of pain medications, it would appear. This patient presents with persistent pain in the knee, foot, and ankle. The orthopedic evaluating physician has asked for pain management referral to address persistent ankle, foot, and knee pain. Recommendation is for authorization. The request for a Pain Management Referral is medically necessary and appropriate.

